10/766, 975
Application or Docket Number
770 PO 1137 3-US (PAR)

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER	THAN
(Column 1) (Column 2)								TYPE [OR	SMALL	ENTITY
TOTAL CLAIMS			1			· · ·		RATE	FEE	7	RATE	FEE .
FOR .			NUMBER FILED		NUM	BER EXTRA		BASIC FE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	/ minus 20= *					XS 9=		OR	X\$18=	
—	DEPENDENT C		/ minus 3 = "			·	10	X43=		OR	X86=	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* 11	the difference	e in column 1 is	less than zero, enter "0" in column 2				- 3	TOTAL	匸	OR	TOTAL	7.70
	Ċ					OTHER	THAN					
(Column 1) (Column 2) (Column 3)							_	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A	3/24/06	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 14	Minus	- 20		= /		XS 9=		OR	XS18=	
AME	Independent	* /	Minus	PENDENT	O AIM	- /		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	1
						•	. L	TOTAL ODIT. FEE	101	OR	TOTAL ADDIT. FEE	10-
		(Column 1)		(Colum	າກ 2)	(Column 3)						•
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**			lſ	X\$ 9=		OR	X\$18=	
AME	Incependent	NTATION OF M	Minus	***	<u> </u>	•		X43=		OR	X86=	
لــــ	FIRST PRESE	NTATION OF MU	LIPLE DEP	ENDENT	CLAIM		, L	+145=		OR	+290=	
								TOTAL	•	OR	TOTAL	
ADDIT. FEE ADDIT. P												
⊰ L	`	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMBI PREVIOU PAID F	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**				X\$ 9=		OR	X\$18=	
	Independent	•	Minus	nin	•	=	-	X43=		ľ	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								,,,,,,		OR	7002	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
T	tne "Highest Nur he "Highest Num	mber Previously Paid ber Previously Paid	d For" IN THIS For" (Total or	SPACE is Independen	less than t) is the	i 3, enter "3." highest number			ropriate box			